



Senate

General Assembly

January Session, 2003

File No. 323

Senate Bill No. 730

Senate, April 14, 2003

The Committee on Human Services reported through SEN. HANDLEY of the 4th Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

AN ACT CONCERNING PERSONAL CARE ATTENDANTS AND THE HOME-CARE PROGRAM.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsection (c) of section 17b-342 of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective July*
3 *1, 2003*):

4 (c) The community-based services covered under the program shall
5 include, but not be limited to, the following services to the extent that
6 they are not available under the state Medicaid plan, occupational
7 therapy, homemaker services, companion services, meals on wheels,
8 adult day care, transportation, mental health counseling, care
9 management, elderly foster care, minor home modifications and
10 assisted living services provided in state-funded congregate housing
11 and in other assisted living pilot or demonstration projects established
12 under state law. The commissioner shall allow personal care attendant
13 services as an alternate covered service to home health care aide

14 services under the state-funded portion of the program provided the
15 annual net cost to the state for such services does not exceed the
16 annual net cost to the state for home health care aide services provided
17 under the program during the fiscal year ending June 30, 2003.
18 Personal care attendant services shall include care services provided
19 by nonspousal family members of the recipient of services under the
20 program. Recipients of state-funded services and persons who are
21 determined to be functionally eligible for community-based services
22 who have an application for medical assistance pending shall have the
23 cost of home health and community-based services covered by the
24 program, provided they comply with all medical assistance application
25 requirements. Access agencies shall not use department funds to
26 purchase community-based services or home health services from
27 themselves or any related parties.

28 Sec. 2. (NEW) (*Effective from passage*) The Commissioner of Social
29 Services, pursuant to section 17b-342 of the general statutes, as
30 amended by this act, shall apply to the Centers for Medicaid and
31 Medicare Services for a waiver to include in the Medicaid funded
32 home-care program services provided by personal care attendants
33 including, but not limited to, care services provided by nonspousal
34 family members of the recipient of services under the home-care
35 program.

36 Sec. 3. Section 17b-343 of the general statutes is repealed and the
37 following is substituted in lieu thereof (*Effective July 1, 2003*):

38 The Commissioner of Social Services shall establish annually the
39 maximum allowable rate to be paid by said agencies for homemaker
40 services, chore person services, companion services, respite care, meals
41 on wheels, adult day care services, case management and assessment
42 services, transportation, mental health counseling and elderly foster
43 care, except that the maximum allowable rates in effect July 1, 1990,
44 shall remain in effect during the fiscal years ending June 30, 1992, and
45 June 30, 1993. The Commissioner of Social Services shall prescribe
46 uniform forms on which agencies providing such services shall report

47 their costs for such services. Such rates shall be determined on the
 48 basis of a reasonable payment for necessary services rendered. The
 49 maximum allowable rates established by the Commissioner of Social
 50 Services for the Connecticut home-care program for the elderly
 51 established under section 17b-342, as amended by this act, shall
 52 constitute the rates required under this section until revised in
 53 accordance with this section. The Commissioner of Social Services shall
 54 establish a fee schedule, to be effective on and after July 1, 1994, for
 55 homemaker services, chore person services, companion services,
 56 respite care, meals on wheels, adult day care services, case
 57 management and assessment services, transportation, mental health
 58 counseling and elderly foster care. The commissioner may annually
 59 increase any fee in the fee schedule based on an increase in the cost of
 60 services. The commissioner shall increase the fee schedule effective
 61 July 1, 2000, by not less than five per cent, for adult day care services.
 62 The commissioner shall establish a fee schedule, to be effective July 1,
 63 2003, for personal care attendant services including reimbursement to
 64 nonspousal family members of recipients of services who provide
 65 personal care attendant services to their recipient family member.
 66 Nothing contained in this section shall authorize a payment by the
 67 state to any agency for such services in excess of the amount charged
 68 by such agency for such services to the general public.

This act shall take effect as follows:	
Section 1	<i>July 1, 2003</i>
Sec. 2	<i>from passage</i>
Sec. 3	<i>July 1, 2003</i>

AGE *Joint Favorable C/R*

HS

HS *Joint Favorable*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note**State Impact:**

Agency Affected	Fund-Type
Department of Social Services	GF - See Below

Municipal Impact: None

Explanation

This bill allows personal care attendant (PCA) services as an alternative service to home health aides under the state funded and waiver portions of the Connecticut Home Care program. The bill specifies that the net annual cost for PCA services cannot exceed the net annual cost for home health services in FY03. The effect of this provision is uncertain. It is not known to what extent utilization of PCA services will decrease utilization of home health aides. Although PCA services are generally less expensive per unit of service, the experience of the current PCA Pilot program has shown that increased utilization of PCA's has resulted in a net increased cost of services under the pilot program as compared to the regular home care program. Therefore, allowing increased utilization of PCA's while also capping the expenditure may lead to one of three outcomes: 1) the cost of PCA services is in excess of the savings realized through decreased utilization of home health aides, resulting in a net increased cost to the program; 2) the cost of the PCA program is less than the savings realized through decreased utilization of home health aids, resulting in a net savings to the program; or 3) the bill's specification that expenditures cannot exceed those of FY03 will result in fewer people being served if individuals on the program increase their utilization due to the availability of PCA services.

OLR Bill Analysis

SB 730

AN ACT CONCERNING PERSONAL CARE ATTENDANTS AND THE HOME-CARE PROGRAM**SUMMARY:**

This bill requires the Department of Social Services (DSS) commissioner to allow consumer-directed personal care attendant (PCA) services as an alternative to regular home health care (through agencies) under both the state-funded portion and the Medicaid-waiver portion of the Connecticut Home Care Program for Elders (CHCPE), which serves people age 65 and over. It permits recipients' family members, other than spouses, to act as PCAs in this program. Under the bill, the annual net cost to the state for PCA services under the state-funded portion of the program cannot exceed the annual net cost for home health care aide services provided under the program in FY 2002-03. (Home health care aides are only part of the home care services that CHCPE provides; it also provides homemakers, chore persons, and other services, many of which the PCA can perform).

The bill also requires the commissioner to (1) apply to the Centers for Medicare and Medicaid Services for a waiver to include nonspousal PCA services in the Medicaid-funded waiver portion of the program and (2) establish a fee schedule, effective July 1, 2003, for PCA services, including reimbursement to recipients' nonspousal family members.

EFFECTIVE DATE: July 1, 2003, except the Medicaid waiver provision is effective upon passage.

BACKGROUND***Personal Care Attendants (PCAs)***

Consumer-directed PCA services are an alternative to nursing homes or home care through an agency. In such a program, the client chooses his own personal care attendant (also sometimes called a personal care assistant) to help him with personal care and activities of daily living. The client employs, trains, supervises, and may fire the attendant, but a financial intermediary takes care of the paper work. The program

provides training to the client on how to function as the employer.

In the regular home care program, the client receives care through a home health care agency, which employs various home health care aides, homemakers, or chore persons for different functions and usually does not allow the client to choose the aide. The personal care assistant can take over a number of these different functions.

Connecticut PCA Programs

Connecticut already allows this model of care to some extent under the Medicaid personal care assistance waiver for disabled people age 18 to 64 and the acquired brain injury waiver, but has only a limited number of slots available in each of these programs.

Elderly PCA Pilot

Since 2000, DSS has administered a state-funded PCA pilot program within the CHCPE program that allows up to 50 people age 65 and over to hire their own attendant instead of going through a home health care agency for services. The program is available to people who (1) were receiving PCA services under the Medicaid waiver program for the disabled during the year before they turned age 65 or (2) are eligible for CHCPE services but unable to access adequate home care services.

COMMITTEE ACTION

Select Committee on Aging

Joint Favorable Change of Reference

Yea 12 Nay 0

Human Services Committee

Joint Favorable Report

Yea 16 Nay 2